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Effective April 14, 2003, a new federal regulation, known as "HIPAA Privacy Rule," requires that we provide detailed notice in writing of our privacy practices. Attached is a SUMMARY OF NOTICES OF PRIVACY PRACTICES for Wake Endoscopy Center and Raleigh Medial Group Gastroenterology (A Division of Raleigh Medical Group, P.A.). An authorization instructing our office on how to communicate with you about any healthcare information pertaining to your treatment and billing information is also included. **Please read, complete, and sign all attached authorization according to your preference(s).**

**If your appointment is scheduled at Wake Endoscopy Center, please bring all completed HIPAA authorization forms along with your completed registration forms and insurance cards to your appointment. PLEASE DO NOT MAIL REGISTRATION FORMS TO OUR OFFICE.**

**If your procedure is scheduled at the hospital, please mail only mail the completed/signed HIPAA authorization forms back to our office to the address listed below:**

Wake Endoscopy Center, LLC  
Raleigh Medical Group Gastroenterology  
(Division of Raleigh Medical Group, P.A.)  
2601 Lake Dr., Ste. 201  
Raleigh, NC 27607

**If your procedure is scheduled at the hospital, please complete the enclosed medical forms for the facility where your procedure is scheduled and take with you on the day of your procedure. Do not mail the hospital forms back to Wake Endoscopy Center/Raleigh Medical Group Gastroenterology, as the hospital will need this paperwork.**

If you have any questions, please call (919) 783-4888.

*All physicians are board certified in Gastroenterology and Hepatology*

Raleigh Medical Group Gastroenterology  
Cary Medical Group Gastroenterology  
RMG Gastroenterology of Wake Forest  
RMG Gastroenterology of Clayton  
Hutzenbuhler Gastroenterology  
RMG Gastroenterology of Smithfield  
Wilson Digestive Diseases Center  
RMG Gastroenterology of Henderson

2601 Lake Drive, Suite 201, Raleigh, NC 27607  
530 New Waverly Place, Suite 301, Cary, NC 27518  
11009 Ingleside Place, Suite 302, Raleigh, NC 27614  
900 S. Lombard Street, Suite 106, Clayton, NC 27520  
3200 Blue Ridge Road, Suite 226, Raleigh, NC 27612  
540 North Street, Smithfield, NC 27577  
2402 Camden St., SW, Suite 300, Wilson, NC 27893  
568 Ruin Creek Road, Suite 006, Henderson, NC 27537

Telephone 919-783-4888 Fax 919-783-4887  
Telephone 919-858-0892 Fax 919-342-3472  
Telephone 919-562-6589 Fax 919-562-7034  
Telephone 919-341-3638 Fax 919-359-6290  
Telephone 919-787-7226 Fax 919-787-4226  
Telephone 919-341-3621 Fax 919-359-6290  
Telephone 252-237-4100 Fax 252-237-8449  
Telephone 919-562-6589 Fax 919-562-7034

**RALEIGH MEDICAL GROUP GASTROENTEROLOGY**

(A Division of Raleigh Medical Group, P.A.)

**WAKE ENDOSCOPY CENTER. LLC**

2601 Lake Drive, Suite 201

Raleigh, NC 27607

Telephone (919) 783-4888 Fax (919) 783-4887

Chart # \_\_\_\_\_ Date \_\_\_\_\_

I give my permission for the providers of Raleigh Medical Group, P.A. to release **ANY** information about my medical condition, prescriptions, and financial account to:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Below, I give my permission for the providers of Raleigh Medical Group, P.A. to release prescriptions and samples **ONLY** to:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

The above-mentioned person (s) **will be required to provide photo ID** when picking up requested items.

Patient name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient signature: \_\_\_\_\_

By signing on the line below, I acknowledge that I was provided access to Privacy Practices of Raleigh Medical Group, P.A.:

Print Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

For Personal Representation of the patient (if applicable)

Print Name of Personal Representative: \_\_\_\_\_

Representative's Relationship (i.e. parent/guardian/other, etc.): \_\_\_\_\_

Signature of Personal Representative: \_\_\_\_\_

\_\_\_\_\_ I refuse to acknowledge I was provided access to the Notice of Privacy Practices of Raleigh Medical Group, P.A.

\_\_\_\_\_  
Signature of Practice Employee

\_\_\_\_\_  
Date



# Wake Endoscopy Center, LLC

## Summary of Notice of Privacy Practices

Effective Date: April 14, 2003

DESCRIPTION OF HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. FOR ADDITIONAL INFORMATION, PLEASE REFER TO THE FULL VERSION OF THIS NOTICE OR CONTACT OUR PRIVACY OFFICER.

### USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

We may use or disclose your health information:

- To treat you;
- To get paid for treating you;
- To run the practice;
- To remind of you of appointments; and
- As may be required or otherwise permitted by law.

For more information on how we may use or disclose your health information, please refer to the full version of the Notice or contact our Privacy Officer.

We will use or disclose your health information for other purposes only with your authorization. If you authorize us to disclose your protected health information for other purposes, you may revoke that authorization at any time by notifying us.

### YOUR RIGHTS WITH RESPECT TO YOUR PROTECTED HEALTH INFORMATION

You have the right to:

- Ask us to limit the information that we share;
- Receive confidential communications from us regarding your health information;
- Look at and obtain a copy of your health information;
- Amend mistakes in your health information;
- Obtain a list of disclosures of your health information that we have made; and
- Obtain a copy of the full version of our Notice of Privacy Practices.

For more information on how to exercise your rights and how such rights may be limited by law, please refer to the full version of this Notice or contact our Privacy Officer.

### OUR DUTIES WITH RESPECT TO YOUR PROTECTED HEALTH INFORMATION

We are required by law to maintain the privacy of your protected health information, to provide you with notice of our legal duties with respect to your protected health information and our privacy practices, and to abide by the terms of our Notice of Privacy Practices.

### REVISIONS TO NOTICE OF PRIVACY PRACTICES

We may revise our policies with respect to the privacy of patient health information from time to time. Any amendments to our Notices shall be posted in our offices, and copies of any amended Notice will also be available in our offices.

### COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. For more information on how to file a complaint, please refer to the full version of this Notice or contact our Privacy Officer.

### PRIVACY OFFICER CONTACT INFORMATION

If you have any questions regarding your privacy rights, please refer to the full version of this Notice or contact our Privacy Officer at (919) 859-5955. You also may address questions or concerns to the Privacy Officer by writing to: Dr. Sylvia Shoffner, 530 New Waverly Place, Suite 314, Cary, NC 27518